

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2011	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 520 WEST 9TH STREET JASPER, IN47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the investigation of Complaint IN00093967. This visit resulted in a partially extended survey-substandard quality of care.</p> <p>Complaint IN00093967- Substantiated, Federal/State deficiencies related to the allegations are cited at F257.</p> <p>Survey dates: July 22, 23, 24 and 25, 2011</p> <p>Facility number: 000315 Provider number: 155720 AIM number: 100289030</p> <p>Survey team: Marla Potts, RN, TC (July 22 and 25, 2011) Melinda Lewis, RN (July 23, 24 and 25, 2011)</p> <p>Census bed type: SNF/NF: 55 Total: 55</p> <p>Census payor type: Medicare: 2 Medicaid: 46 Other: 7 Total: 55</p>			F0000	<p>THE PROVIDENCE HOME HEALTH CARE CENTER REQUESTS THAT THIS PLAN OF CORRECTION BE CONSIDERED OUR ALLEGATION OF COMPLIANCE EFFECTIVE AUGUST 24, 2011.IT IS THE POLICY AND PRACTICE OF PROVIDENCE HOME HEALTH CARE CENTER TO BE IN COMPLIANCE WITH ALL STATE AND FEDERAL RULES AND REGULATIONS CONCERNING THE PROVIDING OF A COMFORTABLE AND SAFE TEMPERATURE LEVEL FOR ALL RESIDENTS.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/25/2011	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 520 WEST 9TH STREET JASPER, IN47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0257 SS=F	<p>Sample: 3 Supplemental Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 26, 2011 by Bev Faulkner, RN</p> <p>The facility must provide comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 - 81° F</p> <p>Based on observation, record review, and interview, the facility failed to ensure temperatures within the facility were comfortable and safe, in that temperatures exceeded 81 degrees. Temperatures were observed to have been 88 degrees on the second floor of the facility and 84 degrees on the first floor on 1 of 4 days of observation. This had the potential to affect all 55 residents who resided in the facility.</p> <p>Findings include:</p> <p>Upon entrance to the first floor of the facility, on 7/22/11 at 11:30 A.M., fans</p>			F0257	<p>CORRECTIVE ACTION TAKEN BY THE FACILITY FOR THOSE RESIDENTS FOUND TO BE AFFECTED BY THE DEFICIENT PRACTICE. ALL RESIDENTS HAVE BEEN RETURNED TO THEIR ROOMS ON BOTH FIRST AND SECOND FLOOR. THE FACILITY TEMPERATURES ARE NOW BEING MAINTAINED AT 71 TO 81 DEGREES TO PROVIDE A SAFE AND COMFORTABLE ENVIRONMENT FOR ALL RESIDENTS TO INCLUDE THOSE RESIDENTS IDENTIFIED AS RESIDENT A AND RESIDENT B. CORRECTIVE ACTIONS TAKEN FOR THE OTHER RESIDENTS HAVING THE POTENTIAL</p>		08/24/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2011	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 520 WEST 9TH STREET JASPER, IN47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>were observed throughout the first floor living area of the facility. The facility was very warm and muggy. During interview with the Assistant Director of Nursing (ADoN) at this time, she indicated a contractor had been in to work on the cooling system earlier in the week, but with the high humidity the system just could not keep up.</p> <p>The Weather Channel had issued an excessive heat warning for the area for 7/22/11.</p> <p>The ADoN provided a facility roster of residents. Twenty-one (21) residents were housed on the first floor of the facility, 20 of whom were cognitively impaired, and 34 on the second floor of the facility with 31 of those cognitively impaired.</p> <p>A thermometer in the downstairs lounge area was observed to have a reading of 80 degrees at 11:30 A.M. During interview with the Health Facility Administrator (HFA) at 11:45 A.M., on 7/22/11, he indicated the system had been fixed on Wednesday (7/20), when part of the system had went down. He indicated all was up and running after they fixed it.</p> <p>The 2nd floor of the facility was observed on 7/22/11 at 11:30 A.M. The upstairs was observed to have fans blowing in the</p>				<p>TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED BY THE LACK OF ADEQUATE HEATING AND COOLING IN THE FACILITY. WITH THE INSTALLATION OF THE TWO NEW ROOF TOP AIR CONDITIONING UNITS AND ROOF TOP STAIR WELL EXHAUST FANS, FACILITY TEMPERATURES ARE NOW BEING MAINTAINED AT 71 TO 81 DEGREES TO PROVIDE A SAFE AND COMFORTABLE ENVIRONMENT FOR ALL RESIDENTS. MEASURES OR SYSTEMATIC CHANGES THAT HAVE BEEN PUT INTO PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR. TWO NEW ROOF TOP AIR CONDITIONING UNITS ARE BEING INSTALLED WHICH WILL ALLOW COOL AIR TO BE SUPPLIES TO ALL SECOND FLOOR RESIDENTS. ALSO A ROOF TOP POWER EXHAUST FAN IS BEING INSTALLED IN THE MAIN STAIRWELL TO REMOVE WARM AIR THAT RISES TO THE SECOND FLOOR. A MONITOR ALARM HAS BEEN INSTALLED FOR THE FACILITIES COLD WATER OUTSIDE CHILLER UNIT. THIS ALARM WILL ALERT THE FIRST FLOOR NURSING STATION IF WATER TEMPERATURES FROM THE CHILLER TO THE BUILDING CHANGE TO AN</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2011	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 520 WEST 9TH STREET JASPER, IN47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>halls and several resident rooms. A digital thermometer provided by housekeeping indicated the temperature to be 81 degrees. Another thermometer hanging on a wall in the hall area indicated a temperature of 82 degrees. The Housekeeping Supervisor on 7/22/11 at 11:40 A.M., indicated the temperature had been around 80 degrees since Tuesday when the outside temperature had become so high. She indicated a contractor service had been in to the fix the unit and it had only been working at 50%. She indicated housekeeping had not been monitoring the temperatures routinely nor was there any documentation of what the temperature in the facility had been.</p> <p>On 7/22/11 at 11:45 A.M., the upstairs lounge temperature was 84 degrees with 58% humidity according the facility's digital thermometer. Resident A's room was observed at this time to be 82 degrees with 61 percent humidity. Resident A's family was observed in the room and indicated it had been really warm in the facility this past week. Staff members were observed to have a cooler of Gatorade and cool water behind the nursing desk on the second floor. CNA #1 indicated the beverages were provided to keep the staff hydrated while working.</p> <p>On 7/22/11 at 11:45 A.M., the downstairs</p>				<p>UNACCEPTABLE LEVEL. IN SERVICES WILL BE GIVEN TO ALL NURSING STAFF ON THE USE AND FUNCTION OF THE TEMPERATURE ALARM AND THE PROCEDURE FOR CALLING THE ADMINISTRATOR AND THE ON CALL MAINTENANCE STAFF SHOULD THE ALARM SOUND. THE FACILITY WILL CONTINUE TO MONITOR THE OUTSIDE TEMPERATURES DAILY. WHEN THE OUTSIDE TEMPERATURES REACH 89 DEGREES THE MAINTENANCE DEPARTMENT AND/OR DESIGNEE WILL CHECK THE TEMPERATURES OF EACH RESIDENT ROOM ON BOTH FIRST AND SECOND FLOOR AS WELL AS THE HALLWAYS TO ENSURE TEMPERATURES ARE BEING MAINTAINED BETWEEN 71 TO 81 DEGREES. THIS INFORMATION WILL BE RECORDED ON A TEMPERATURE LOG. ALL TEMPERATURES ABOVE 78 DEGREES EITHER IN RESIDENTS ROOMS OR IN HALLWAYS WILL IMMEDIATELY BE REPORTED TO THE ADMINISTRATOR AND CORRECTIVE ACTION WILL BE TAKEN. THE NURSING STAFF AND MAINTENANCE STAFF WILL BE IN SERVICED AS THE PROPER PROCEDURE TO FOLLOW FOR MONITORING TEMPERATURES AND REPORTING OF</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2011	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 520 WEST 9TH STREET JASPER, IN47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>lounge area, used by residents to watch television, was observed to be 82 degrees.</p> <p>On 7/22/11 at 12:45 P.M., Resident D, a second floor resident, identified by the ADoN at 10:00 A.M. earlier this same day, as interviewable, indicated it got pretty hot on his floor about this time of day. Housekeeper #1 indicated, at this same time, the cooler was down again and only running at 50% capacity, it had just been checked.</p> <p>On 7/22/11 at 11:45 A.M., the ADoN, was asked for a procedure of what the facility policy was for increased temperatures in residents' rooms upstairs. She indicated she would get something written up.</p> <p>The upstairs temperature on 7/22/11 at 1:00 P.M. was 86 degrees in the lounge area, where residents were sitting.</p> <p>Maintenance Man #1 on 7/22/11 at 1:15 P.M., indicated the maintenance staff tried to check the cooler, once a day when they thought about it. He explained the cooler was part of a boiler system and not a true air conditioner. He indicated it was last checked yesterday afternoon when it was working at full capacity. He indicated he had just checked it today and found it was not working properly and the contractor had been called for repair services.</p>				<p>TEMPERATURES OVER 78 DEGREES. THE CORRECTIVE ACTION TAKEN TO MONITOR TO ASSURE PERFORMANCE TO ASSURE COMPLIANCE THROUGH QUALITY ASSURANCE IS THAT THE ENVIRONMENTAL TEMPERATURE LOGS WILL BE REVIEWED AT THE MONTHLY QUALITY ASSURANCE MEETING. IN ADDITION THE WEEKLY CHECKING LOG OF THE ENUNCIATOR SYSTEM WILL ALSO BE REVIEWED TO ENSURE PROPER FUNCTIONING. THE TEMPERATURE LOGS WILL BE REVIEWED TO DETERMINE IF THERE IS ANY PATTERN OF ABNORMAL TEMPERATURES SO FURTHER CORRECTIVE ACTION CAN BE TAKEN WHEN WARRANTED.</p> <p>COMPLETION DATE: AUGUST 24, 2011</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2011	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 520 WEST 9TH STREET JASPER, IN47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Maintenance Man #1 indicated the unit was periodically hosed out to keep it working and repairs were performed by a local contracting service.</p> <p>On 7/22/11, the temperature in the upstairs area at 130 P.M., was 88 degrees. Residents who did not ambulate up and down the stairs on their own were observed sitting in the upstairs lounge area or in their rooms with fans blowing. The downstairs lounge area was observed to have been 82 degrees at this time.</p> <p>Temperatures in the upstairs continued to range from 86 degrees to 88 degrees in the hallways, lounge areas and resident rooms through 4:30 P.M.</p> <p>At 4:00 P.M., the residents were taken downstairs to be in a cooler area. All residents from the upstairs were observed to have been brought downstairs except two residents (Resident E and G) at 4:30 P.M., where the temperature continued to be 88 degrees in the lounge area and in the 2 residents room on the upper floor of the facility. QMA #1 was observed on the second floor on 4/22/11 at 4:00 P.M., she indicated she worked full time and the heat had been really bad all week in the facility. The QMA was observed to be sweating profusely and indicated she was so hot she felt sick to her stomach and</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2011	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 520 WEST 9TH STREET JASPER, IN47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>thought she was sick from the heat.</p> <p>Approximately 20 residents were observed to have been taken into the chapel which was attached to the facility at 4:00 P.M. The chapel area was observed to be air conditioned. The HFA, on 7/22/11 at 4:00 P.M., indicated the facility evacuation areas were a couple local churches, he further indicated no one had thought about the attached chapel being air conditioned. The rest of the residents were observed in the rooms or lounge area of the facility.</p> <p>The ADoN provided a typed paper with no title at 4:00 P.M., on 7/22/11 and indicated it was what the facility procedure was for increased temperatures. The paper stated "Check temps hourly and record, Move residents down stairs if temp above 84 degrees, pop cycles (sic) passes at 9 A.M. and 2:00 P.M. and Hydration pass every 2 hours."</p> <p>At 4:30 P.M. the downstairs lounge area was observed to have been 84 degrees with fans blowing.</p> <p>During interview with the contractor fixing the cooling unit on 7/22/11 at 4:30 P.M., he indicated, they had thought the unit was fixed on Wednesday when they left, but it had apparently broken down</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2011	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 520 WEST 9TH STREET JASPER, IN47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>again. He indicated a motor had went out and they had the motor replaced and it was functioning at full capacity at that point. He indicated it would probably take until after the sun went down for the facility to cool off.</p> <p>The "First Responder," 8th edition, printed in 1999, approved by the American Safety and Health Institute, included "Heat Emergencies" "Exposure to hot and humid environment can cause the body to generate too much heat, which can create an abnormally high body core temperature known as hyperthermia. Such a condition could result from a patient being outside on a hot humid afternoon for a prolonged period of time, or from exposure to excessive heat while indoors...Geriatric Focus- The elderly are particularly prone to extremes of temperature. Sweating may be reduced due to aging of their skin and the effects of their medications. The normal response to a loss of fluids is to increase the heart rate to maintain blood pressure. This reflex is often weaker in the elderly and can easily lead them to passing out before reaching a cooler place...remember that certain types of patients are at risk for heat emergencies. Children, the elderly, the chronically ill...are especially susceptible to temperature extremes. Individuals who are taking certain heart or</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2011	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 520 WEST 9TH STREET JASPER, IN47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	other medications may also be prone to such conditions, along with anyone with a pre-existing illness or condition." This federal tag relates to complaint IN00093967. 3.1-19(h) 3.1-19(i) 3.1-19(j)						